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*Boston University*

# health sphere

BOSTON UNIVERSITY • SCHOOL OF PUBLIC HEALTH

Fall '04





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BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH

health sphere

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This edition of *Health Sphere*, our second issue, arrives as we begin another academic year at BUSPH. The months ahead hold great promise as the School moves forward with a strategic planning initiative that will chart our future.

Central to the School's mission is our ongoing commitment to addressing the needs of communities—locally, nationally, and internationally. Most often, the crucial work done in the field of public health remains invisible. But by focusing on the important issues of our times—be they environmental, legal, epidemiological, social, or economic—practitioners and researchers all contribute to the well-being of the world.

In this issue of *Health Sphere*, we see ample evidence of the talent, dedication, and perseverance that BUSPH faculty, students, and alumni bring to this task. We have featured the work of three members of our faculty: Cindy Christiansen, associate professor of health services; Adrienne Cupples (GRS'74, '80), chair of the Department of Biostatistics; and Lew Pepper, assistant professor of environmental health. We also have profiled Rachel Wilson ('97) and Malik Jaffer ('98), alumni whose professional activities make a difference to individuals and communities. I hope you will enjoy learning more about their work.

Finally, I congratulate Michael Suk ('95, LAW'95), who will receive a Boston University Young Alumni Council Award during Homecoming and Parents Weekend in October (see page 20). Michael is the first School of Public Health alumnus to receive this award. I am always happy to see our alumni recognized for their outstanding work.

Robert F. Meenan  
M.D., M.P.H., M.B.A.



# Toward SAFER Supplements



Associate Professor Cindy Christiansen  
Has a New Perspective  
on the Popular Products

By Tim Stoddard

U ntil recently, Cindy Christiansen considered dietary supplements marketed in health food stores, such as ginseng, kava, and ginkgo biloba, to be generally safe to use. Christiansen, an associate professor of health services, reserved judgment on whether these products worked, but she “would have said that dietary supplements are just like over-the-counter drugs. They wouldn’t be on the U.S. market if they weren’t safe, right? Of course, I was wrong in thinking that. They’re not regulated that way at all.”

Christiansen’s perspective on dietary supplements changed abruptly in 2000, when she was invited by the National Academies’ Institute of Medicine and National Research Council to join a committee of experts advising the U.S. Food and Drug Administration (FDA) on how to better evaluate the safety of some 29,000 dietary supplements available to American consumers. Dietary supplements include a diverse family of products such as vitamins, minerals, amino acids, hormones, and enzymes that purport to alleviate depression, expedite weight loss, and ward off the common cold. Since 1994, dietary supplements have been regulated as foods instead of drugs, which means they are considered safe until proven otherwise, and they are not required to be clinically tested before they reach the market. It is up to the FDA to determine whether a particular substance on the

market is harmful based upon information available in the public domain, even when there’s scant evidence of a product’s safety record in people.

But as the \$18 billion dietary supplement industry continues to grow, with approximately 1,000 new products coming to market every year, the FDA has struggled to effectively monitor the safety of the supplements. With her colleagues on the committee, Christiansen recently coauthored the report “Dietary Supplements: a Framework for Evaluating Safety,” which outlines several ways in which the FDA can identify supplement ingredients that may pose risks in humans, prioritize them based on their levels of potential risk, and then evaluate them for safety in a cost-effective and scientifically sound manner.

For Christiansen, who is director of the statistics section at the Veterans Administration’s Center for Health Quality, Outcomes, and Economic Research and an expert in hierarchical and predictive models, serving on the committee was an unusual challenge. “Statisticians work with data,” she says, “and what’s so interesting about regulating dietary supplements is there’s so little data on safety in people. Part of my contribution to the committee was figuring out a way for the FDA to use existing data in the public domain to come up with safety recommendations, which means combining information across sciences.”



In the report, the committee recommends the FDA be vigilant for “signals,” or warning signs that a particular product or ingredient may be dangerous. These signals may arise when a foreign country takes regulatory action against a dietary supplement, or when an unusual pattern of illnesses or deaths emerges in the FDA’s Special Nutrition/Adverse Event Monitoring System. Data from animal studies and in vitro tests also can provide enough information on their own to warrant FDA action, the report says, even

ucts that are already known to be dangerous to humans. She points to ephedra, the herbal stimulant the FDA banned in April after an arduous investigation revealed that weight-loss products containing ephedra were implicated in heart attacks and strokes. “If you know that a suspect product such as ephedra is chemically related to something that you do know a lot about,” Christiansen says, “then you might think it will have some of the same side effects or safety issues as the better-known compound.”

Another potential problem with many dietary supplements is that the public assumes they are safe because they’ve been used for years. But the active ingredients in herbal remedies are often reformulated and packaged in a more concentrated form, Christiansen says, and the high-dose tablets marketed today can have very different effects from those of lower-dose teas traditionally prepared. With that in mind, the committee suggested the FDA investigate reformulated ingredients even when their historical use is well documented.

As the FDA begins to digest recommendations outlined in the report, Christiansen says that dietary supplements will remain on her radar screen. She’s particularly interested in

“...what’s so interesting about regulating dietary supplements is there’s so little data on safety in people.”

developing studies to form a clearer picture of how Americans incorporate dietary supplements into their overall health practices. Demand for dietary supplements continues to rise, as Americans become more receptive to alternatives to conventional nutrition and medicine. “People want to have access to these things,” Christiansen says. “Some folks are fed up with the medical system and want to be able to self-medicate. Some people don’t have health insurance and can’t afford to go to doctors. They’ll buy dietary supplements because they can’t afford to do anything else. On a personal level, it really bothers me that a lot of vulnerable people are using these products. I would like to know that these supplements are safe for those people who can’t afford traditional care.”



Cindy Christiansen was among a panel of experts advising the U.S. Food and Drug Administration on how to better evaluate the safety of some 29,000 dietary supplements available to American consumers.

when there’s no direct evidence of harmful effects on people. According to the Dietary Supplement Health and Education Act, the FDA does not have to find direct harm in people to determine that a supplement poses a risk; it just needs to show that a product poses an unreasonable risk to users.

Christiansen and her colleagues also recommend that the FDA watch out for substances that are chemically similar to prod-



# STD Vaccines on the Way?



## A Conversation With Epidemiologist Barbara Mahon

Barbara Mahon, assistant professor of epidemiology, specializes in infectious disease. She spoke with *Health Sphere* about current efforts to develop vaccines that will protect young people against sexually transmitted diseases.

**Q. We often see stories in the press about teenagers and young adults having sex with multiple partners and the threat of sexually transmitted diseases (STD). We know there's a limit to the effectiveness of condoms and that encouraging abstinence doesn't necessarily work. Is there anything new on the horizon to protect young people against these diseases?**

A. There's a lot of research being conducted now to develop vaccines against STDs. Vaccines for HIV, chlamydia, gonorrhea, herpes, and human papillomavirus (HPV)—the virus that causes cervical cancer and genital warts—are all in development. The HPV vaccine is currently the farthest along in development. In a fairly small clinical trial that was published a little more than a year ago, one candidate HPV vaccine was 100 percent efficacious in preventing infections in young women. This vaccine was directed against HPV type 16, one of the most common serotypes that cause lesions that lead to cervical cancer in the United States.

A larger trial of a similar vaccine that includes type 16—and also type 18, which is another bad actor—is in progress. In fact, Boston Medical Center is one of the sites involved in the trial. It is expected that the vaccine could be generally available in the next few years.

**Q. This vaccine covers two HPV types. How many types are there?**

A. There are more than eighty types of HPV, and more than thirty of them are sexually transmitted.

**Q. What use is a vaccine that protects against only two of thirty HPV types?**

A. Those two types account for most cervical cancers. HPV 16 itself is found in more than half of all cervical cancers, so an effective vaccine against those two types could have a substantial impact on the prevention of cervical cancers. There are other candidate vaccines that include four HPV types. But there are quite a few other HPV types that increase the risk of cervical cancer that won't be in a vaccine. Each additional antigen adds a certain volume to the vaccine dose, and there's just a physical limit to the size of the shot that people can handle.

**Q. Who will get this HPV vaccine?**

A. Certainly, we would want to give it to girls or young women before they are exposed to or become infected with HPV. That probably means giving the vaccine to pre-adolescents, because HPV is so common and so infectious that many, if not most, young women likely





will become infected within a few years of becoming sexually active. In fact, 75 percent of all reproductive-age adults in the United States have been infected with HPV; there are more than five million new infections each year.

But vaccinating eleven- or twelve-year-old girls may not be so easy. First, you would have to get pediatricians to recommend it, which means that they would have to talk about sex and sexuality with the girls and their parents. It's certainly not true of every pediatrician, but many really don't feel comfortable talking about sex. In fact, for some, part of the appeal of pediatrics is that they don't have to deal much with sexuality. Also, pediatricians do not ordinarily receive much training in discussing sexuality, although this may be changing in residency programs.

Then you have to get the parents to accept the vaccine, which generally means that they would have to think that vaccination would protect their daughters, which in turn means accepting that they may be at risk for infection. For some parents, it's basically impossible to think of their pre-adolescent daughters as ever becoming sexually active, let alone contracting an STD. But if the girls don't get vaccinated until they have become sexually active, it may be too late.

**Q. What about boys or men? Will they receive the vaccine?**

A. That's an interesting question. Vaccinating males could enhance the overall effectiveness of a vaccination program, because it could help develop "herd immunity." One of the great things about vaccines is that they can protect people in two ways—directly, by developing immunity in the vaccinated person, and indirectly, by decreasing the chance that a non-immune, unvaccinated person will come in contact with the infectious agent. Herd immunity is the indirect protection. Naturally, the greater the proportion of the population that is vaccinated, the greater the chance that an unvaccinated person will be protected by herd immunity. In the case of HPV, if men and women were both vaccinated, there could be better herd immunity than if only women were vaccinated.

Would men accept a vaccine that's intend-

ed to prevent cervical cancer? After all, men don't have a cervix, so, aside from protecting their partners, there's not much personal benefit to it. HPV does cause penile cancer, but this kind of cancer is extremely rare, even without a vaccine.

One of the candidate vaccines protects against the HPV types that cause genital warts, which are different from the types that cause cervical cancer. One of the major rationales for including these types is that their inclusion would give men more personal benefit from being vaccinated. After all, no one wants genital warts—even though these HPV types don't cause cancer.

**Q. Is this vaccine really necessary? Haven't Pap smears already addressed the problem of cervical cancer?**

A. It's true that screening programs have had a huge impact on cervical cancer in the United States and other developed countries. But in the rest of the world it's a different story. Cervical cancer is the leading cause of cancer-related deaths worldwide. There are more than 350,000 cases annually, and half of those women die of their cervical cancer. This vaccine could make a very big difference.

**Q. What about the risks of the vaccine?**

A. Safety is a huge concern for any new vaccine. The technology that is used to make the HPV vaccines I mentioned earlier ensures that they cannot cause either HPV infection or cancer—it is biologically impossible. Basically, the vaccine is made of empty virus capsid, the outer casing of the virus, with no genetic material. The women who participated in the study I mentioned before, aside from having a sore arm for a day or two, did not have any adverse events. Of course, because this study included only approximately 2,000 women, it would not have been able to detect a rare adverse event, which occurs in one in 10,000 vaccinees, for example. This is one of the big epidemiologic challenges in vaccine research: a high standard of safety for vaccines is essential for a preventive measure given to healthy people, and that means very large numbers of people need to be studied to demonstrate an acceptable level of safety.::





# Shining a Light on a **TOXIC DUST**

## Assistant Professor Lew Pepper's Work Helps Workers Exposed to Beryllium

**By Cynthia K. Buccini**

During the race to build the atomic bomb and throughout the Cold War, tens of thousands of workers across the United States were exposed to beryllium, a lightweight, durable metal that was ground, machined, sanded, or drilled for use in a wide variety of materials, including the triggers of nuclear weapons. "Beryllium was integral to the entire nuclear weapons complex," says Lew Pepper, assistant professor of environmental health.

Looking back, it's unclear what safeguards were in place to protect all those workers. When inhaled, toxic beryllium dust can cause lung diseases for which there are no cures. "In 1944," Pepper says, "the Manhattan Project was under way, and there was a rush to develop the atomic bomb. The U.S. was convinced Germany was building one, and they went at breakneck speed to create this bomb, tossing safety to the wind, I assume. The people we've spoken with who worked on projects at about that time suggest that safety wasn't paramount."

Pepper, whose research focuses on the health of working populations,

among other areas, heads a team of BUSPH scientists trying to identify workers who were exposed to beryllium at three facilities—two in Massachusetts and one in Nevada—and find out how their health has been affected by the substance so that they can get the medical help they need, as well as compensation.

Not everyone who's exposed to beryllium dust gets sick, but inhaling the dust can lead to three conditions: beryllium sensitivity, chronic beryllium disease, and acute beryllium disease. Those diagnosed with beryllium sensitivity are clinically healthy, but they have an immune response to the substance, similar to an allergic reaction. They are at risk for developing chronic beryllium disease, a lung ailment with symptoms—coughing, shortness of breath, chest and joint pain, fever, weight loss—that can develop decades after exposure. Chronic beryllium disease has no cure, but it is treatable with anti-inflammatory medications. Acute beryllium disease, which is often fatal, is rare today.

No one knows how many of the workers who were exposed to beryllium went on to develop these conditions, Pepper says. "Data aren't collected nationally."

But Pepper and his group are finding some of them. In 1996 BUSPH was awarded a U.S. Department of Energy (DOE) grant to devel-





Lew Pepper has developed a medical screening program for former nuclear weapons workers at the U.S. Department of Energy's Nevada Test Site.

op a medical screening program for former nuclear weapons workers at the DOE's Nevada Test Site, sixty miles north of Las Vegas. A total of about 800 nuclear weapons tests were conducted at the site from 1951 to 1992, eighty of them in tunnels, one hundred in the atmosphere, and the rest in holes dug about a half-mile underground.

Approximately 50,000 people worked at or passed through the test

site during those four decades. Some were on construction crews that helped build the tunnels and dig the holes; others were directly involved in the testing. "There was beryllium in the bombs," Pepper says. "You blew it up, and, in order to figure out how the bomb worked, crews were sent back in to ground zero to retrieve instruments and information. These individuals were exposed to beryllium."

The BUSPH program identifies former workers who were exposed to beryllium dust, radiation, silica dust, asbestos, diesel exhaust, and excessive noise. The workers complete detailed medical and work-history questionnaires and then undergo screenings, which include physicals, chest x-rays, and blood, breathing, and hearing tests. If their health has

...they went at breakneck speed to create this bomb, tossing safety to the wind, I assume.

been affected, they get help with medical referrals, future screenings, treatment, and compensation from the Department of Energy.

As of this summer, nearly 3,500 workers from the Nevada Test Site have been screened, approximately 2,000 of whom were exposed to beryllium, Pepper says. Of the 2,000, 2 percent have been found to be beryllium sensitive. "Among them, we have numerous cases of chronic beryllium disease," he says. "They have been provided compensation and lifetime medical benefits, and they are evaluated periodically."

It's obvious Pepper enjoys the work, despite the secrecy that has shrouded the nation's nuclear weapons program. "It's so fascinating to me," Pepper says. "It's like shining a light on something that's been hidden away for years, and then trying to assemble the information into something that makes sense."

In 2003, BUSPH was awarded a contract to establish a similar pro-

gram to find and screen former workers exposed to beryllium at two central Massachusetts facilities: Wyman-Gordon Co. and Norton Abrasives, both of which produced beryllium components for the Atomic Energy Commission (the predecessor of the DOE) in the forties, fifties, and sixties.

So far, of 200 former Wyman-Gordon workers screened, 5 percent are beryllium sensitive. Another 160 await screening. Pepper doesn't know yet if the retired workers with beryllium sensitivity have chronic beryllium disease because they haven't undergone clinical evaluations. At Norton, he says, "We're trying to assemble a picture of beryllium use. We're starting to do outreach among those workers."

Pepper's beryllium work has

broad implications. He notes that exposure doesn't just affect workers directly involved with the material. In 2002, testing of more than 200 workers in a Las Vegas office building—where beryllium had been machined before the facility was rehabbed—found that more than 5 percent of them had beryllium sensitivity.

"When you have a beryllium facility and you then attempt to clean it up and make it a general-use facility, how clean is clean?" Pepper says. "Is residual beryllium contamination responsible for these cases of sensitization, of which, we think, 80 percent will go on to develop chronic beryllium disease? That has tremendous implications for the Department of Energy, because as they segue from nuclear weapons producer to friend of the environment and they try to rehab these buildings to multi-use facilities, how do they assure the people who work there that the facilities are clean and safe? That's a big problem."::



# Promoting Healthier LIVES

Rachel Wilson ('97) Promotes and Protects the Health of Massachusetts' Underserved and At-Risk Residents



Rachel Wilson ('97) is director of policy and advocacy for the Massachusetts Public Health Association.

By Jane Cormuss

As an undergraduate majoring in psychology and sociology at the University of Wisconsin-Madison, Rachel Wilson ('97) had been politically active and had developed a particular interest in women's reproductive rights. But it wasn't until she graduated and began working at a nonprofit organization in Brighton, Massachusetts, that she decided to spend her professional life advocating for the health of women and underserved and at-risk populations.

As assistant to the director of health services at the Crittenton Hastings House, which helps young, high-risk women and families become self-sufficient, Wilson worked on nearly every aspect of family planning services, from medical intake and abortion counseling to health insurance contract negotiations and HIV/AIDS education. Most significantly, she says, she learned about the many challenges Crittenton clients face: violence, limited access to medical care, lack of health education, and difficult—and sometimes dangerous—relationships. "My work at Crittenton really opened my eyes to the incredible health challenges women face and the role that public policy can play in the services and information available to them," she says.

Wilson left Crittenton Hastings in 1993 to pursue graduate studies in health sciences and social and behavioral sciences at SPH. At the same time, she worked at the School's Slone Epidemiology Center, first as a research assistant studying how the drug diethylstilbestrol (DES) affected pregnant women and



their children. Ultimately, she became the project director of an international study of the causes of birth defects.

In 2000 Wilson became director of policy and advocacy for the Massachusetts Public Health Association, initiating and overseeing the organization's correctional health campaign and serving as director of the Massachusetts Hepatitis C Coalition. Her work in correctional health culminated in a report on the health of prisoners. "For too long we have ignored the population of men and women in our jails and prisons who experience disproportionately high rates of infectious diseases, chronic illness, mental health problems, and substance abuse disorders," she says. "Most people do not understand the immense unmet needs of stigmatized and often sick, poor, and minority inmates, most of whom ultimately will be released to their communities." The October 2003 report, "Correctional Health: the Missing Key to Improving the Public's Health and Safety," received wide media and legislative attention and is being used in Massachusetts to shape public policy. It also is a model for similar work in other states.

Today, Wilson is director of women's health policy and advocacy at the Connors Center for Women's Health and Gender Biology at Brigham and Women's Hospital in Boston. The center, the first of its kind at an academic medical center, "seeks to build stronger bridges between the fields of medicine and public health, as well as expand the voice of hospital faculty and researchers in the health and public health policy arenas," Wilson says.

One of the center's goals is to address heart disease in women. "We are working with legislators, researchers, physicians, and public health practitioners to increase awareness of and advocate for policies that will

reduce women's risk of heart disease," Wilson says. "Many people are unaware that heart disease claims the lives of more women than the next seven causes of death combined, that women may experience different symptoms and are more likely to die from their first heart attack than are men, that stress plays a unique role in putting women at risk, and that great disparities exist among women—black women tend to develop heart disease at an earlier age and are more likely to die from heart disease than white women."

Wilson particularly enjoys working in this area "because we know that by reducing risk factors for heart disease, women are

**"...the thing I love most is teaching others how they can make their voices heard in the political process."**

improving their overall health and reducing their risks for a whole host of other illnesses." Moreover, she says, "by focusing on policies to reduce disparities in detection and in treatment of women—especially women of color—we have a unique opportunity to approach heart disease holistically."

There is no such thing as a typical day for Wilson. She works closely with legislators to increase their understanding of the critical issues that affect the health of women. She and others on the center's staff advocate for legislation and funding, and they conduct and promote research that will inform policy.

Among the most rewarding aspects of her work as an advocate, says Wilson, is the knowledge that "people will ultimately be healthier because of the public health policy and changes in funding that are the result of my work. But I would have to say that the thing I love most is teaching others how they can make their voices heard in the political process. There is nothing more rewarding than watching people who have faced unimaginable challenges in life realize that they can make a difference by telling their stories, or helping a public health worker find her voice in advocating for statewide changes. Empowering people to fight for what they believe is an incredible experience."::



# Much More Than

## Adrienne Cupples Wants to Strengthen the Connection Between Biostatistics and Public Health

By Taylor McNeil

As any good biostatistician knows, the job entails more than data analysis. Sometimes it helps to understand genetics, the difference between HDL-2 and HDL-3, or the criteria for diagnosis of Alzheimer's disease.

When Adrienne Cupples, now chair of the SPH department of biostatistics, came to the School in the early 1980s, she had no training in genetics but realized as she started working on collaborative research on Alzheimer's, Huntington's, and Parkinson's diseases that she needed to know more. She took a year off in the late eighties to do a post-doc in genetics at Yale and came back to apply her expertise at SPH. She now has a specialty in that area.

The core of a biostatistician's work is sorting out multiple variables and weighing their importance. "Biological systems are complicated, and may require complicated models to try to describe them," says Cupples (GRS'74, '80). Take autism, a research topic she has recently started working on. In this case, a Boston firm won the contract to be the data coordinating center for a national multi-site study of the disorder, ranging from language development and neural imaging to genetics and clinical trials of drugs and behavior modification techniques, and Cupples is working on its genetic components. "There have been a lot of theories about autism, and we are still trying to untangle it all," she says.

Autism is complex—some children with the condition, for example, have normal to



Adrienne Cupples says biostatisticians help define the focus of the research process.

high intelligence, and others have low IQs—so diagnosis is difficult. That makes the statistical work a bit more complicated than, say, in heart disease, in which physical properties can be measured for correlational analysis. "Autism may also be to some extent similar to Alzheimer's, where we say there are susceptibility genes. In Alzheimer's, there are particular alleles of genes that make you susceptible, and it is thought that when you have the right environmental impact or exposure, you develop the disease." Yet, as Cupples notes, "it's not determinative. And this is one of the messages that the geneticists need to get out to the world: that having a particular genotype is not necessarily fate." Rather, in a



# Statistics

sense, it's a question of statistical probability.

Biostatisticians are not often the principal investigators of projects, Cupples notes, but they are an integral part of the team helping to develop study design and statistical strategies. They help define the focus of research, determine sample size and make-up, do data analysis, and produce reports. "We work in all facets of the research process," she says.

That includes learning about the research subjects in depth. Soon after Cupples started at SPH, in late 1981, she was working with data from the Framingham Heart Study, the large-scale longitudinal project run by BU researchers since the early 1950s. She collaborated on a number of epidemiological studies, such as identifying risk factors for sudden coronary death.

While Cupples doesn't understand all facets of coronary heart disease the way a clinician would, "I learned about some of the measures that are involved—left ventricular mass, blood pressure, lipids and the composition of lipids, not only HDL but HDL-2 and HDL-3—and all these subcomponents."

“There have been a lot of theories about autism, and we are still trying to untangle it all.”

The study of biostatistics may not seem a natural fit in a school of public health, since statisticians frequently work on research rather than prevention, and Cupples is well aware of it. Why the two are together has to do with history, she says. "Biostatisticians were often the census people—vital statistics. If you look for biostatistics in most universities, they are in the schools of public health. However, biostatisticians also work on epidemiological studies that may provide insight into the natural history of diseases and thus

have an impact on public health policies. For example, results from the Framingham Heart Study have been used to establish national guidelines for treatment of high cholesterol," she says.

SPH offers several degrees in the field. The M.P.H. in biostatistics is a broadly focused program that requires students to take health services, health law, and social and behavioral courses, as well as the quantitative classes. The M.A. and Ph.D. programs in biostatistics draw students with strong quantitative backgrounds and focus less on public health aspects.

Cupples wants to strengthen the connection between biostatistics and public health. "An important part of public health is surveillance," she says. Large amounts of data are collected by hospitals and other health care facilities, such as who comes into emergency rooms, and biostatisticians can use that data to help predict trends in flu or other types of infectious diseases that happen periodically. "The goal of surveillance is to get a better handle on when, seasonally, those things happen and try to help professionals do a better job at delivery, such as responding to outbreaks of hepatitis A, trying to make sure there are sufficient quantities of vaccinations on hand," Cupples says.

Four new faculty members join the department this fall, as it continues its expansion since it officially started in late 2001, splitting off from the Department of Epidemiology and Biostatistics. And it looks to keep increasing. "The federal government and others predict that the job market for the life sciences is growing," says Cupples, "and biostatisticians are definitely a critical part of that."::



# Commencement 2004

“Don’t be afraid to dream,” said former U.S. Surgeon General David Satcher, the keynote speaker at SPH’s Commencement ceremony. One hundred seventy M.P.H. degrees and three doctoral degrees were awarded at the ceremony, held at Boston’s Sheraton Hotel.

Satcher, a fellow at the Kaiser Family Foundation and director of the National Center for Primary Care at the Morehouse School of Medicine, told the graduates that dreamers make change happen. “Don’t avoid government service,” he added, “for government must be an agent for change to improve the health of the public. The dreamers will inspire government to make the right decisions.”

Dean Robert Meenan said the School has made some significant changes in the past year, including the initiation of new master’s and doctoral degree programs in health services research, as well as the acceptance of the first students into a doctor of public health program. In addition, SPH received a \$10 million grant from the National Institutes of Alcohol Abuse and Alcoholism for a research center focused on preventing alcohol abuse among young people.

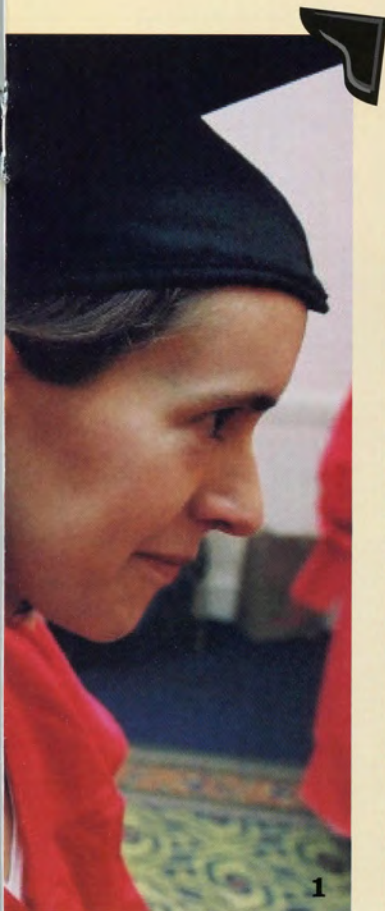
“As we look toward the future,” Meenan said, “we can take pride in the fact that our graduates have been strengthened by their learning and their new degrees and that the School has been strengthened by a remarkable growth in faculty, resources, and programs. These strengths will be valuable as



this School and its graduates strive, with enlightenment, and with energy, to address the public health problems of our local community, of the nation, and of the world.”

Student speaker Meg Stone said she didn’t find answers to the questions that brought her to SPH. “Instead, I got something far more valuable: tools that will enable me to spend the rest of my professional life making meaningful progress toward those answers and connections with people with whom I can look forward to years of fruitful collaboration.”





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1. Veeren-Anne Singh, left, with Susan Kilroy-Ames
2. Jeena Easow
3. Alexander Golubkov
4. From left, Arthur Ensroth, Kurt Fatemi, Amy Endler, and Andrew Ellingson
5. From left, former U.S. Surgeon General David Satcher; student speaker Meg Stone; and BUSPH Dean Robert F. Meenan

Photographs: Gus Freedman



# 2

## New Prizes Honor BUSPH Faculty

The School of Public Health is pleased to announce that two new awards have been established in honor of its accomplished faculty.

The Department of Environmental Health has established the David M. Ozonoff Unsung Hero Award in honor of Ozonoff's twenty-seven years of service to the School. The award will be presented annually to celebrate the work of individuals who contribute to public health and safety in a significant way but receive few accolades for their contributions. This year's award, the first, has been presented to Steve Johnson ('84), chief of the site management section at the Massachusetts Department of Environmental Protection, for being one of the quiet heroes of public health.

The Department of Biostatistics and the Department of Epidemiology have established the Theodore Colton Prize for Excellence in Epidemiology to honor Colton for his many years of dedicated service and his numerous contributions to public health. The Colton Prize has been established as a counterpart to the Kayne Award, which will now be awarded by the Department of Biostatistics.

To learn more about supporting BUSPH, please call Betty Ollen, director of Institutional Development and Alumni Relations at 617-638-4290.

## New Library

for the Department of Environmental Health



Gail Feldman, wife of the late Robert G. Feldman, has generously established the Robert G. Feldman Library in Neurotoxicology in the Department of Environmental Health. Feldman was a professor of environmental health at BUSPH and of neurology and pharmacology at the School of Medicine. He was regarded as a superb clinician and teacher and was an internationally renowned neurologist and specialist in occupational and environmental neurology.



# Changes

## in BUSPH's Annual Giving Program



Photograph: Lew Glass

**SPH** alumni and friends know that student assistance has been our priority in fundraising since the School opened its doors in 1976. For years, we have focused our annual appeal on the revolving Alumni-Student Loan Fund. The need for student loan funds continues, but as the School is changing, so are its financial needs.

Scholarship money is critically important in the competition for highly talented students. Assistance is also required to help students with mandatory practica, especially when those placements are in other cities or other countries. New programs, which keep the School in the forefront of public health education and research, call for seed money if they are to secure federal and foundation support. New programs also require the recruitment of additional faculty from around the world. We want to hire the best faculty possible.

As a result, SPH is changing its annual giving strategy. Instead of concentrating primarily on the Loan Fund, SPH is moving to unrestricted

annual giving. This means that gifts from the annual appeal will go directly where they are most needed: to scholarships, loan funds, doctoral student assistance, program expansion, faculty support, or other areas.

Can donors still target their gifts to a particular purpose or fund? Certainly. Any time you prefer that your donation go to the Alumni-Student Loan Fund or the Community Scholars Fund, to name just two of our many funds, please send that information with the gift, and your wishes will be honored and acknowledged. (A list of existing funds will soon be published on the School's Web site at [www.bu.edu/sph](http://www.bu.edu/sph).) If you would like to give to the School for another purpose, please contact the development office, and we will be delighted to help you.

If you have questions or would like more information about BUSPH's annual giving program or any other fundraising opportunities at the School, please contact Betty Ollen, director of Institutional Development and Alumni Relations, at 617-638-4290.



# ::class notes

## ENVIRONMENTAL HEALTH

**Meegan Zimmerman ('01)** has been working as a risk assessor with Earth Tech, an independent consulting firm in Alexandria, Virginia, but has plans to move back to the Boston area this fall.

## EPIDEMIOLOGY/ BIOSTATISTICS

**Beth Sommers ('89)** is executive director of Pathways to Wellness /AIDS Care Project in Boston. She plans to return to BUSPH's health services department this fall to begin an M.Sc. program. She also is involved with acupuncture research and presented two discussions at the 15th International Conference on AIDS in Bangkok last July. One of her presentations dealt with the strategies and logistics of organizing acupuncture treatment in public health contexts to treat people living with HIV/AIDS. Her second presentation was about the Pan-African Acupuncture Project, which trains health care workers in Uganda to use acupuncture to treat HIV/AIDS patients.

**Barbara Bolstorff ('97)** is an epidemiologist at the Massachusetts Department of Health. She was married in June 2003.

**Persis Dhas ('97)** is on the move again. She has just completed a three-year residency in internal medicine at the Mayo Clinic in Rochester, Minnesota. She will work as a locum tenens physician in Virginia before returning to Boston to begin a four-year residency in emergency training at Boston Medical Center.

**Mary-Lynn Fulton ('99)** and husband James welcomed their second daughter, Mary-Clare Emma, on July 3, 2003. Mary-Clare joins her four-year-old sister, Kiera. Mary-Lynn is director of clinical operations in the Toronto offices of PAREXEL International.

**Fiona Galloway ('00)** lives in Atlanta, where she develops training programs for public health workers in the International Emergence and Refugee Health branch of the CDC. "I have the coolest job in public health," she says. "I love it!"

**Carri Abramowitz Gaudion ('00)** and her husband, Neil, welcomed their first child, Allison Skye Gaudion, in November 2003, in Atlanta. Carri is thrilled to be a stay-at-home mom.

**Aki Morikawa (CFA'96, '98, SPH'00)** is in her third year at Emory University School of Medicine in Atlanta, where she is working on her M.D./Ph.D.

**Tina Backus ('03)** works at the Massachusetts Cancer Registry.

## HEALTH LAW

**Chris Schabacker ('94, LAW'93)** is counselor to the assistant secretary for water and science at the U.S. Department of the Interior.

**Jennifer Kasper ('99, CAS'91, MED'91)** lives with her partner in Tucson, where she works in a pediatric emergency room "so I can devote a significant amount of time to Doctors for Global Health," of which she is CEO and president.

**Michael Costa ('00)** works for Greenberg Traurig, LLP, of Boston, counseling hospital systems, managed care organizations, nursing facilities, home health agencies, and physicians and other health

care providers on contractual, business, and regulatory matters. Michael was recently certified in health information privacy and security by the American Health Information Management Association and is a well-known national authority on the Health Insurance Portability and Accountability Act.

## HEALTH SERVICES

**Jeannine Rivet ('81)** is executive vice president of UnitedHealth Group and CEO and president of Optum in Minnetonka, Minnesota. She also is a member of BUSPH's Board of Visitors.

**Tom Bradley ('85)** is chief of the Health Cost Estimates Unit for the Congressional Budget Office. He and his wife live in Alexandria, Virginia.

**Lillian Shirley ('87)** is director of the health department in Multnomah County, Oregon. An article in the *Oregonian* last May covered the

*continued on page 18*

## From the President of the BUSPH Alumni Board

Julie Ross ('01)



The Alumni Board is busy planning new activities and improving favorite events to meet the needs and interests of SPH's growing alumni population. The School has planned a reception on November 8 to coincide with the 2004 APHA Conference in Washington, D.C. Please plan to attend; all alumni are welcome!

The BUSPH Alumni Board continues to discuss how better to serve the Alumni Association and the School of Public Health. Of course, if you are interested in joining the Alumni Board, participating in the Alumni Mentoring Program, or becoming a local alumni volunteer, please don't hesitate to contact Alumni Officer Anne Lefavre at [sphalum@bu.edu](mailto:sphalum@bu.edu) or at 617-414-1401.

Be sure to visit the School's redesigned Web site at [www.bu.edu/sph](http://www.bu.edu/sph). Kate Gannon ('99), the School's Webmaster, has worked tirelessly with SPH departments and administrators to develop the new site.

Finally, look for your new alumni card in the mail. The card comes with some attractive incentives, including discounts at Barnes & Noble at Boston University.

Much continues to happen in the Talbot Building. Stay tuned for more details, plans, and events. I encourage each of you to stay in touch and stay involved.





Malik Jaffer ('98), pictured at left and below with Afghan children, has helped direct health and disaster relief to nearly 2 million Afghan families.

## Help for Developing Nations

By Jane Cormuss

**M**alik Jaffer ('98) knows his work is making a difference when he sees the smiles on the faces of children who have received food or health care. He has worked for the International Services branch of the American Red Cross (ARC) since 2001, managing its relief and development programs for Europe, central Asia, and the Mideast.

Malik says his proudest achievement is heading America's Fund for Afghan Children, which President Bush asked the ARC to manage. "At the urging of President Bush, American children have raised nearly \$12 million to help children in Afghanistan," says Malik, who has led the program for the past two and a half years. "Through my work, I have been able to direct health and disaster relief to nearly 2 million Afghan children and their families."

Malik, a native of Nairobi, Kenya, became interested in developing countries early in life. He realized that he wanted to "help people around the world who have not had the same opportunities I have enjoyed."

He received a Bachelor of Science in health science, with an emphasis in community health education, from San Diego State University in 1996. His interest in public health in general and developing countries in particular led him to enroll in the School of Public Health's M.P.H. program.

He says his studies at BUSPH prepared

him for his first professional position in the field, with the Aga Khan Foundation (AKF) in Tanzania. He was a member of the East Africa Senior Management Team and managed the foundation's offices on both mainland Tanzania and the Islands of Zanzibar. At AKF, he was responsible for financial management and for the foundation's human resource development, donor relations, resource mobilization, and property review and management. After two years with AKF, he became the assistant regional director for Asia and the Middle East at Project HOPE.

In his current capacity at the American Red Cross, Malik combines his experience and training to benefit communities in developing nations. Part of his job involves building partnerships with USAID, United Nations agencies, nongovernmental organizations, the World Bank, country Red Cross chapters, and numerous foundations and community organizations.

He believes that one of the greatest challenges facing public health professionals today is the competition for resources. "More and more, grants are larger, and NGOs need to form consortia in order to accomplish their goals," he says. "This requires greater skills in networking and negotiating." ::





# ::class notes

programs she oversees, including dental programs for the needy, school-based health clinics, and prenatal care for young mothers. The article also mentioned that Lillian is a die-hard Red Sox fan!

**Laura Rice ('90)** lives in Hanover, New Hampshire, with her husband and two daughters. She is vice president of planning and integration for The MENTOR Network, a national human services organization that provides services to children and adults with disabilities.

**Deanna Bergeron ('92)** works for the Connecticut Department of Public Health's family health division. She is primarily assigned to women's health and is the representative of the Region I Office on Women's Health.

**Laura Housman ('94, CAS'88, GSM'04)** is an alumna participant in the BUSPH strategic planning retreat in May 2004.

**Sharon Meekin ('95)** enjoys staying home in Minneapolis with her three-year-old son, Ryan, and her one-year-old daughter, Margo. She remembers her time at SPH fondly and particularly enjoyed working with Ralph Hingson, professor of social and behavioral sciences, and Wendy Mariner, professor of health law. In her last position, Sharon served as program officer for the Center for Urban Bioethics at the New York Academy of Medicine.

**Mary Anne Miller ('95) and Glynnis LaRosa ('96)** were New England state conference liaisons for the May 2004 Health, Nursing, and the Environment Conference held in Westborough, Massachusetts.

**Chelsea Jenter ('00)** lives in Seattle, where she is project director of the Group Health Cooperative and Center for Health Studies.

**Melanie Proctor ('00)** enjoys her job in Chicago as assistant medical director for Solid Rock Psychological Associates, an organization that provides day treatment for 175 nursing home patients.

**Adam Faulk ('01)** will present at a health law caucus meeting at the 2004 APHA Conference in Washington, D.C., in November.

**Jess Schiffman ('01)** works for Blue Cross Blue Shield of Massachusetts. Jess plans to marry in October 2004.

**Susan Craig ('02)** is media relations manager at Children's Hospital in Boston.

## INTERNATIONAL HEALTH

**Kipruto Chesang ('96)** was promoted to provincial medical officer for Eastern Provinces in Kenya. In early 2004 he was moved to the headquarters in Nairobi, where, as the new deputy director of medical services, he coordinates the many programming strands involved in the allocation of funds from the global fund for malaria, TB, and HIV/AIDS.

**Gurrach Galgalo ('96)** is in his second term as a member of Kenya's parliament. During his first term, he also served as minister of health. He has worked steadfastly to improve health services and educational opportunities in his home district of Moyale, one of the most rural, remote, and underdeveloped regions in Kenya. He increased hospital staff, adding dispensaries and mobile hospital units, and helped initiate fundraising efforts for an extensive scholarship program that ensures a secondary education for a vast number of Moyale's primary school graduates. He also has been active in the national constitutional review convention for the last year. Gurrach says that he has used his IH concentration paper, a proposal for decentralizing health services in Kenya, to shape a proposed framework for the decentralization of national power from the presidency to other levels of government.

**Susan Kyemba Kessede ('98)** is program officer in the Uganda Country Office of UNICEF, working on HIV/AIDS education and prevention in young people. She has two children, ages four and twenty months. "Both are completely bilingual in English and Bagala," says Susan. This fall she began a doctoral program at the London School of Tropical Medicine and Hygiene.

**Bilha Kiama-Murage ('98)** was promoted to national project manager for the United Nations Office on Drugs and Crime, based at UNODC's regional office for Eastern Africa in Nairobi.

**Joyce Kinaro ('99)** recently completed work with the United Nations Population Fund in conjunction with the Nairobi City Council on its Urban Slums Project. She completed her second master's degree in 2001, in demography, at the University of Nairobi.

**Janine Hill Lewis ('01)** began her Dr.P.H. at the University of Illinois in August 2004. She also is the associate director of program services for the March of Dimes Illinois chapter. Janine is working on promoting a campaign on prematurity and folic acid health education across Illinois.

**Brookes Walsh ('01)** lives in Washington, D.C., where she is a new business assistant at Chemonics. She began her work in February 2004 and believes her new position is just what she has been looking for.

**Kristin Griffith ('02)** lives and works in Prishtina, Serbia, and Montenegro, where she is a program director for Mercy Corps.

**Jennifer Westfall ('02)** is the program coordinator for a project on HIV stigma in Chiang Mai, Thailand. She is managing the e-forum on stigma and is working with the International Committee of the Red Cross (ICRC) on issues relating to HIV and stigma. "ICRC has made a ten-year commitment to working on reducing HIV stigma, and from what I'm told, they have been quite forward-thinking so far," she says, adding, "Chiang Mai is really lovely, small, yet fairly cosmopolitan."

**Katie Ball ('04)** is the certificate program manager in BUSPH's international health department.

**Mary Drake ('04)** has moved to the Washington, D.C., area, where she works as a quality assurance specialist at the University Research Co.

## MATERNAL AND CHILD HEALTH

**Terry Jo Bichell ('97)** lives in southern California and is on the board of the Centro de Adolescentes San Miguel de Allende in Guanajuato, Mexico.

**Betsy Justason Lahue ('99)** and her husband, Bob, welcomed their first child, Henry Kenneth, last February in Wellesley, Massachusetts. Betsy



reports, "Inspired by my professors and courses in Maternal and Child Health at BUSPH, I had a water birth, took no drugs, and was attended by two midwives in a birthing center. It was such a great experience!"

**Beth Perry ('99)** is a data analyst for the Massachusetts Division of Health Care Finance and Policy. She analyzes data for the Uncompensated Care Pool, the free-care program that pays for health services for low-income residents of Massachusetts. "I analyze everything from demographic data to clinical data from hospital claims for pool users," she says. "Most of the data is

used for governmental and legislative policy decisions." In 2003 she helped edit *AIDS in Asia*, which will be published by the Harvard AIDS Institute. Beth also makes time to volunteer at Massachusetts General Hospital.

**Simone Daniels ('01)** has been chosen to serve as one of the CDC's public health prevention specialists. In August she moved to Atlanta from New York City, where she had worked in the pulmonary and critical care division at New York University's medical school.

**Jenn Rogers ('03)** is enjoying her experience as a CDC Fellow for Reproductive Health in Atlanta.

## SOCIAL AND BEHAVIORAL SCIENCES

**Kaying Hang ('97)**, a senior consultant at the Blue Cross and Blue Shield Foundation of Minnesota, has received a two-year Emerging Philanthropic Leaders Fellowship from the Council on Foundations. Each fellow is asked to develop personal goals for her philanthropic career and works with a mentor to learn about philanthropy from a national perspective. Kaying greatly enjoys her work at the foundation, particularly projects involving immigrants and access to the health system.

**Katie White ('97)** is a student at George Mason >

Alumni and their guests are **invited** to join Dean Robert Meenan,  
BUSPH faculty, and fellow alumni for **cocktails**  
at the annual BUSPH/APHA  
**alumni reception**

**Monday, November 8, 2004**

**Café Atlantico**

405 Eighth Street NW  
Washington, D.C.

To RSVP, please e-mail [sphalum@bu.edu](mailto:sphalum@bu.edu) or call 617-414-1401.

Hope to see you there!



# ::class notes

University in Fairfax, Virginia, studying in its accelerated, one-year nursing program for students who already have a bachelor's degree. "I am very excited about the prospect of having clinical skills and being able to approach public health in a more hands-on manner," she reports. "Of course, my M.P.H. will factor into my role as a nurse. I hope that with an R.N. and M.P.H. and fluency in Spanish, I will be a hot ticket!"

**Janine Jurkowski ('98)** is finishing up a National Institute on Disability and Rehabilitation Research postdoctoral fellowship at the University of Illinois. She is headed for SUNY School of Public Health, Albany, where she will serve as an assistant professor of health disparities in the Department of Health Policy Management and Behavior.

**Armand Pires ('98)** lives in Cumberland, Rhode Island, and is the assistant principal at King Philip Regional High School in Wrentham, Massachusetts.

**Michele Williams ('98)** lives in the Atlanta area and works as a tobacco control program consultant at the CDC. She is responsible for all tobacco-related programming in Connecticut, Delaware, South Carolina, Ohio, Iowa, New Mexico, and the U.S. Virgin Islands.

**Danielle Beck ('99)** has moved from San Diego to Lakeside, California, where she is a clinical research coordinator for the Veterans Medical Research Foundation.

**Maia BrodyField ('00)** is a senior manager for the Boston Public Health Commission.

**Anu Vyavaharkar ('03, SSW'02)** is a clinical social worker in the Young Parents Program at Children's Hospital in Boston.

## IN MEMORIAM

**Katherine Skinner**, associate professor of health services, died on April 26, 2004, after a long illness. ::

## Suk to Receive BU Young Alumni Council Award



Michael Suk ('95, LAW'95) will receive a Boston University Young Alumni Council Award during Homecoming and Parents Weekend in October. Michael, who completed his medical degree while earning a J.D./M.P.H. in health care law at BU, was singled out for his contributions to public health, law, and medicine. He and his wife recently moved to Jacksonville, Florida, where he is developing an orthopedic trauma program at Shands Medical Center. They will welcome their first child in November.

## Upcoming BUSPH Events

### Friday, September 3

Alumni-Student Night at Fenway Park

Red Sox vs. Rangers

7:05 p.m.

Tickets \$30

### Thursday, October 7

Inaugural Global Health Lecture  
"Ecology and Epidemiology of Cholera: A Paradigm for Waterborne Diseases"

4-6 p.m.

Bakst Auditorium

Speaker: Rita R. Colwell, professor of microbiology and biotechnology, University of Maryland



### Friday, October 8

Bicknell Lecture

"Science, Academic Freedom, and Policy in an Era of Bioterrorism"

8:30-11:30 a.m.

Bakst Auditorium

Speaker: Rita R. Colwell, professor of microbiology and biotechnology, University of Maryland

### Monday, November 8

APHA Annual Alumni Reception  
6:30-8:30 p.m.

Café Atlantico

405 Eighth Street NW

Washington, D.C.

To RSVP or to learn more, e-mail [sphalum@bu.edu](mailto:sphalum@bu.edu).



### Sunday, May 22, 2005

Commencement and Reunion Weekend



# SPH Launches Web Site

SPH has launched a Web site ([www.bu.edu/sph](http://www.bu.edu/sph)) with the able assistance of Webmaster Kate Gannon ('99).

Learn all about our faculty, staff, students, and alumni and get up-to-date information about the School's academic programs, research projects, and involvement in service to local, national, and international communities.

And, please, contact us at [sphalum@bu.edu](mailto:sphalum@bu.edu) to let us know what you think!





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